

Duplicate

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 101596973	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1						51					
2						52							
3						53							
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46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	2												
TOTAL DEP.	18												
TOTAL CLAIMS	20												
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													